DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor, if only one name is listed below, or an original, first and joint inventor, if plural names are listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

		I WU PIECE SPURIS K	ACQUET AND METHOD		
and f	or which a patent application:				
⊠		ades amendment(s) filed on _			
	was filed in the United State	es on as Appln. Ser. N	Vo,		
	with amendment(s) filed on	(if applicable)	_	1 1 1 200	1 10
	was filed as PCT Internation	nal Appln. No	on and was an	mended under PCT Article 19 on	
	(if applicable)				
		1 1	the above identified application	including the claim	ne as amended
			the above-identified application,	mending me clam	is, as afficience
by an	ny amendment referred to above	>.			
Look	nowledge the duty to disclose in	nformation known to me to be	e material to patentability as defir	ned in Title 37, C.F.	R. §1.56.
1 ack	nowledge the daty to disclose h	Hollington known to me to oc	, 111110011111 to putterning,	,	v
∴ I here	eby claim foreign priority benef	fits under Title 35, U.S.C. § 1	19 (a)-(d) or (f) or 365(b) of any	foreign application((s) for patent or
inver	ntor's certificate, or 365(a) of an	y PCT international application	on which designated at least one	country other than t	the United States
of Aı	merica, listed below, and have a	also identified below any forei	gn application for patent or inver	ntor's certificate, or	any PCT
inten	national application on this inve	ention filed by me or my legal	representatives or assignees and	having a filing date	before that of
the a	pplication on which priority is	claimed.			
ž					
	EARLIEST FOREIGN APPI	ICATION(S), IF ANY, FILE	D PRIOR TO THE FILING DA	TE OF THE APPLI	CATION
L AD	PLICATION NUMBER	COUNTRY	DATE OF FILING	PRIORITY CLAIMED	
_ I	FLICATION NUMBER	COUNTRI	(day, month, year)		
4 -					
				Yes 🗆	No 🗆
				Yes □	No 🗆
E E					
≅ I her	eby claim the benefit under Titl	e 35, United States Code §11	9(e) of any United States provision	onal application(s) l	isted below.
	•				
	APPLICATION NUMBER		FILING DATE		
					-
-					

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Daniel A. Devito (32,125), Edward V. Filardi (25,757), David W. Hansen (38,910), Constance S. Huttner (35,903), Ronald S. Laurie (25,431), Robert B. Smith (28,538), Robert B. Beyers (46,552), Meir Y. Blonder (40,517), Ian R. Blum (42,336), John L. Dauer, Jr. (39,953), Jose Esteves (41,011), Michael D. Fabiano (44,675), Stacey J. Farmer (42,526), Di Jiang-Schuerger (44,806), Frederick D. Kim (38,513), Thomas R. Lane (42,718), Daniel J. Lin (47,750), Douglas R. Nemec (41,219), Guy Perry (46,194), Constance F. Ramos (47,883), Andrew F. Strobert (35,375), Todd J. Tiberi (37,455), Joseph Yang (41,387), and Matthew B. Zisk (45,257), all of Skadden, Arps, Slate, Meagher & Flom LLP, whose address is Four Times Square, New York, NY 10036.

SEND CORRESPONDENCE TO: Skadden, Arps, Slate, Meagher & Flom LLP

Four Times Square New York, NY 10036 PTO Customer No. 26137 DIRECT TELEPHONE CALLS TO: ROBERT B. SMITH 212-735-3020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	FULL NAME OF INVENTOR	Last Name DAVIS	First Name STEPHEN	Middle Name J.	
	RESIDENCE AND CITIZENSHIP	City TREVISO	State or Foreign Country ITALY	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	Street VIA DEI BORGHI 52 CAVASO DEL TOMBA	Cıty TREVISO	State or Country ITALY	Zip Code
Signa	ture of Inventor	Date			
2	FULL NAME OF INVENTOR	Last Name	Fırst Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	Cıty	State or Country	Zip Code
Signa	ture of Inventor	Date			
3	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code
Signa	iture of Inventor			Date	
4	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code
Signa	ature of Inventor	Date			